VERIFICATION OF DISABILITY

| DATE: | | | | | | | |
|---|---|--|--|-------------|--|--|--|
| TO: | City of Falls Ch Housing and Ho 300 Park Avenu Falls Church, V | uman Services Division e, Suite W-100 | FROM: | | | | |
| RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE | | | | | | | |
| SUBJE | CT: Verification | of Disability | | | | | |
| NAME_ | | | | | | | |
| ADDRI | ESS | | | | | | |
| | MATION BEIN | | | === | | | |
| | n numbered item bisted above. | elow, mark an "X" in the | e applicable box that accurately de | scribes the | | | |
| 1 | YESNO | Has a disability, as def | fined in 42 U.S.C.`423, which mea | ans; | | | |
| | | reason of any medicall impairment that can be | in any substantial gainful activity ly determinable physical or menta e expected to result in death or that ted to last for a continuous period | l nt has | | | |
| | | and is blind, inability be substantial gainful acti comparable to those of | dividual who has attained the age of by reason of such blindness to engivity requiring skills or abilities of any gainful activity in which he/sith some regularity and over a sub | gage in | | | |

For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a

| SIGNATURE | | | | DATE |
|---|--------|-----|--|---|
| NAME AND TITLE OF PERSON SUPPLYING THE INFORMATION | | | | FIRM/ORGANIZATION |
| 4 | _YES _ | _NO | Is the above a perso drug or alcohol depe | n who's disability is based solely on any endence. |
| | | | U.S.C. 6001(8)), i.e. a. Is attributable to or combination b. Is manifested be c. Is likely to contid. Results in substitute or more of to (1) Self-ca (2) Reception (3) Learning (4) Mobility (5) Self-ding (6) Capacing (7) Econome. Reflects the persequence of special other services that a | antial function limitation in the following areas of major life activity: re, ive and expressive language, ag, by, rection, ty for independent living, and mic self-sufficiency; and son's need for a combination and interdisciplinary, or generic care treatment, or are of duration and are individually |
| 3 | YES _ | NO | independently; and c. Is of such a natural independently could housing conditions. Has a developmenta | re that the ability to live be improved by more suitable al disability as defined in Section 102(7) of the |
| 2 | YES _ | _NO | | tal, or emotional impairment that: of long-continued and indefinite |
| | | | subtends an angle no | that the widest diameter of the visual field of greater than 20 degrees shall be considered for paragraph as having a central visual acuity of |

correcting lens. An eye which is accompanied by a limitation in the

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f)(g) and (h).

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